P14000038793

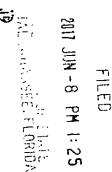
| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu: | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



900300127459

08/08/17--01018--023 **35.00



C. GOLDEN JUN 1 3 2017

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BAGS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P14000038793

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Registered Agent Department (Name of Person)

Business Filings Incorporated

(Name of Firm/Company)

8020 Excelsior Drive Suite 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Registered Agent Dept (Name of Person) at (800)981-7183 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Furstiant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.150 | 9, |
|---|---------------|
| Florida Statutes, the undersigned. Business Filings Incorporated | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for BAGS, INC. (Name of Corporation) | |
| (Name of Corporation) | |
| P14000038793 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known | address. |
| The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed. | which |
| (Signature of Resigning Agent) | 7017 JUN -8 |
| J (Signature of Resigning Agent) | 두기 |
| If signing on behalf of an entity: Jill Morrison | FILED |
| $rac{m_{i}}{m_{i}}$ | D PH 1: 25 |
| Jill Morrison ္အြ | \$ = |
| (Typed or Printed Name) | 25 |
| Asst Secretary for Business Filings Incorporated | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)